pic drugs considered inappropriate based on an excessive dosage or excessive duration of therapy were not examined due to the limitations of the data source. National visit estimates were derived based on the patient sampling weight provided for the NAMCS.
RESULTS: Approximately 2.03 million (95%CI, 1.70–2.36 million) visits by the elderly involved potentially inappropriate psychotropic medications. Only two potentially inappropriate psychotropic medications, secobarbital and pentobarbital, were not prescribed for the elderly by office-based physicians. The remaining five potentially inappropriate medications accounted for 16.85% of the visits involving psychotropic medications, with amitriptyline alone accounting for over 10%. The most frequently prescribed potentially inappropriate psychotropic classes were antidepressants and antianxiety agents. The logistic analysis results revealed that patient characteristics (injury visit), drug characteristics (number of medications and drug classes), and physician characteristics (specialty and region) predict potentially inappropriate psychotropic prescribing.
CONCLUSION: The psychotropic prescribing patterns in ambulatory settings raise concerns regarding the quality of care for the elderly with psychiatric illnesses. The predictive factors may be used to design effective educational and regulatory strategies to improve prescribing for the elderly.

MHC4

TESTING THE RELIABILITY OF GENERIC QUALITY-OF-LIFE MEASURES IN THE STUDY OF MULTIPLE SCLEROSIS

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The EuroQoL EQ-5D and MOS SF-36 are two generic quality of life measures that differ significantly in their design (the former being an index and the latter a profile). Both have been extensively used in evaluating interventions in acute disease. This study tested their comparative performance in a survey of patients with relapsing-remitting multiple sclerosis (MS).
METHODS: 309 patients with diagnosed relapsing-remitting MS were identified through the records of 5 specialist centers in North West England. Patients were contacted by telephone by a specialist MS nurse and asked to complete a set of questionnaires distributed by mail. The questionnaire booklet reproduced the English version of SF-36, together with the EQ-5D and a self-completion form of the Barthel. Minimal additional background information was obtained from all respondents; 4 weeks following their completion of the initial booklet, a second identical booklet was sent to the first 200 initial respondents. Patients in this re-test sub-group were asked whether their health status had improved, deteriorated, or remained unchanged over the intervening period.
RESULTS: Of the 200 patients in the test/re-test subgroup, 144 (72%) replied on both occasions. Paired t-tests for the PCS, MCS, and general health perception scores on the SF-36 failed to generate comprehensive evidence of reliability. The weighted index form of the EQ-5D and the visual analogue scale self-ratings provided superior evidence of reliability. Standardized response means for both measures confirmed this general pattern.
CONCLUSION: EQ-5D performs satisfactorily as a generic measure of health-related quality of life in patients with MS.

MHC5

THE EuroQol IN PARKINSON'S DISEASE RESEARCH: RATED CURRENT HEALTH VS. POPULATION-DERIVED HEALTH STATE PREFERENCES

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Policy analysts summarize health-related quality of life (HRQL) with a single value representing the "worth of life" arising from the many dimensions of HRQL.
OBJECTIVES: To (1) examine construct validity of two summary HRQL measures, a visual analogue scale (VAS) and EuroQol preference weights (PW), in Parkinson's disease (PD) patients and (2) predict PW and VAS scores from a HRQL profile measure.
METHODS: A cross-sectional survey of 193 neurology questionnaires contained the Medical Outcomes Study 36-item short form (SF-36), PD stage and symptoms, VAS, EuroQol, and health satisfaction. A priori hypotheses for testing construct validity predicted varying strengths of relationships between the summary HRQL scores and the SF-36, clinical, and health satisfaction scores.
RESULTS: The correlation between VAS and PW was moderate (Spearman correlation 0.415). The PW had more ceiling scores than the VAS (19% vs. 2%). The ranked order of correlation between the individual SF36 scale scores, the clinical scores, and the VAS was as hypothesized, but that for the PW was not. Specifically, the General Health scale ranked 1 for the VAS but 7 for the PW; Health Satisfaction ranked 4 for the VAS but 13 for the PW. The VAS distinguished mild from moderate stage subjects while the PW did not. Models predicting VAS and PW scores from SF-36 scores had adjusted model R-squares of 0.44 (VAS) and 0.52 (PW).
CONCLUSION: The VAS, but not the PW, distinguished subjects with different disease severity. The two measures were only moderately correlated and had very different relationships with the domains of HRQL, particularly general health perceptions and health satisfaction.